

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2182</b>	<b>Date: November 2, 2018</b>
	<b>Change Request 10655</b>

**SUBJECT: User Change Request (CR): Multi-Carrier System (MCS) - Analysis to Enhance the Maximum Claim Counter Process for Edits and Audits**

**I. SUMMARY OF CHANGES:** The purpose of this CR is to perform analysis with the MACs to determine the best way to enhance the MCS system to add a maximum claim counter to provide the Medicare Administrative Contractors (MACs) the ability to specify, by procedure code, the number of claims that should fail a specified edit/audit. The goal of this change is to minimize the number of edits/audits required to implement Targeted Probe and Educate (TPE) audits, and save time on file maintenance/implementation.

With the shift of prepayment medical review to TPE (CMS CR 10249), MACs need a MCS enhancement for counting the maximum claims that fail an edit or audit. Currently, the maximum claim counter is only available on the EA (edit audit) screen, which will require MACs to use one audit per provider per procedure code to system to count the number of claims that fail a specified audit for a specified procedure code, and stop failing after the maximum number has been reached.

**EFFECTIVE DATE: April 1, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: 60 days after the last analysis call, for business requirements delivered to CMS; November 9, 2018, to send contact names to CMS; April 1, 2019**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2182	Date: November 2, 2018	Change Request: 10655
-------------	-------------------	------------------------	-----------------------

**SUBJECT: User Change Request (CR): Multi-Carrier System (MCS) - Analysis to Enhance the Maximum Claim Counter Process for Edits and Audits**

**EFFECTIVE DATE: April 1, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: 60 days after the last analysis call, for business requirements delivered to CMS; November 9, 2018, to send contact names to CMS; April 1, 2019**

## I. GENERAL INFORMATION

**A. Background:** The purpose of this CR is to perform analysis with the MACs to determine the best way to enhance the MCS system to minimize the number of edits/audits required to implement Targeted Probe and Educate (TPE) audits, and save time on file maintenance/implementation.

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10655.1	MCS shall work with the MACs to design a solution to enhance the maximum claim counter process in MCS to more efficiently implement Targeted Probe and Educate (TPE) audits, and to save time on file maintenance/implementation of these audits.						X			
10655.2	MCS shall lead up to five one-hour conference calls with the MACs (which will occur no later than December 21, 2018) to determine the best solution.						X			
10655.3	MCS and the MACs shall submit contact names for call participants who are subject matter experts to Stacey Shagena at Stacey.Shagena@cms.hhs.gov within 5 business days after issuance of the CR.		X				X			
10655.3.1	MCS shall work with CMS to schedule the conference calls using the distribution list CMS receives from the contractors.						X		CMS	
10655.4	MACs shall actively participate in the conference calls to ensure the solution developed will provide benefit		X							

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	to the majority of MAC contracts.									
10655.5	MCS shall perform analysis of the solution developed during the conference calls, and provide detailed business requirements to CMS no later than 60 days after the last conference call.						X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:** N/A

### V. CONTACTS

**Pre-Implementation Contact(s):** Stacey Shagena, 410-786-8208 or Stacey.Shagena@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

### VI. FUNDING

#### Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**